

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-

SI-29237

-62-032538

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8374

FILED AUG 31 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN ST. LOUIS		Length of stay in 1b 15 Hr 20 Min	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 3406 VISTA AVENUE	
3. NAME OF DECEASED (Type or print) First Middle Last NOAH HODGE		4. DATE OF DEATH Month Day Year AUGUST 27 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-9-04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Pocahontas, Ark.	
13a. FATHER'S NAME JOHN HODGE		14. NAME OF HUSBAND OR WIFE CLARA HODGE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 5-8-42		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA DUE TO (b) PULMONARY EMPHYSEMA AND CARCINOMA OF LUNG WITH METASTASIS DUE TO (c) 527.1 H		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION May 1962 8-27-62 and last saw him alive on 8-26-26	
21. attended the deceased from Death occurred at 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE HERBERT S. PYNE (Degree or title) M.D.	
22b. ADDRESS 2752A CHEROKEE-ST., ST. LOUIS		22c. DATE SIGNED 8-27-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/30/62	23c. NAME OF CEMETERY OR CREMATORY National	
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. AUG 28 1962	
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.		27. REGISTRAR'S SIGNATURE	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

PA 20244

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jon B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Pulley St



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
• If this body is not embalmed, fact should be so stated above.